

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
JACOBS FOR IOWA, INC.

Full Name (Last, First, Middle Initial) Beth McCullough			Date of Receipt M M / D D Y Y Y Y 05 13 2014	
A. Mailing Address 843 26th St			Transaction ID : ADDCE6A58DEF9439DA87	
City West Des Moines	State IA	Zip Code 50265-3262	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Retired		Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) Jim Theisen			Date of Receipt M M / D D Y Y Y Y 05 01 2014	
B. Mailing Address 2606 Haienda Dr			Transaction ID : AB90789CECF6F4DB78FD	
City Dubuque	State IA	Zip Code 52002-2700	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Theisens		Occupation Owner		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) John Schneider			Date of Receipt M M / D D Y Y Y Y 04 09 2014	
C. Mailing Address P. O. Box 333			Transaction ID : A53ADF64AB7B24337892	
City Dysart	State IA	Zip Code 52224-0333	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Self Employed		Occupation Farmer/Owner/Operator Trucking		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional).....			1000.00	
TOTAL This Period (last page this line number only).....				

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